

Providing advice and support to reduce the harm caused by tobacco

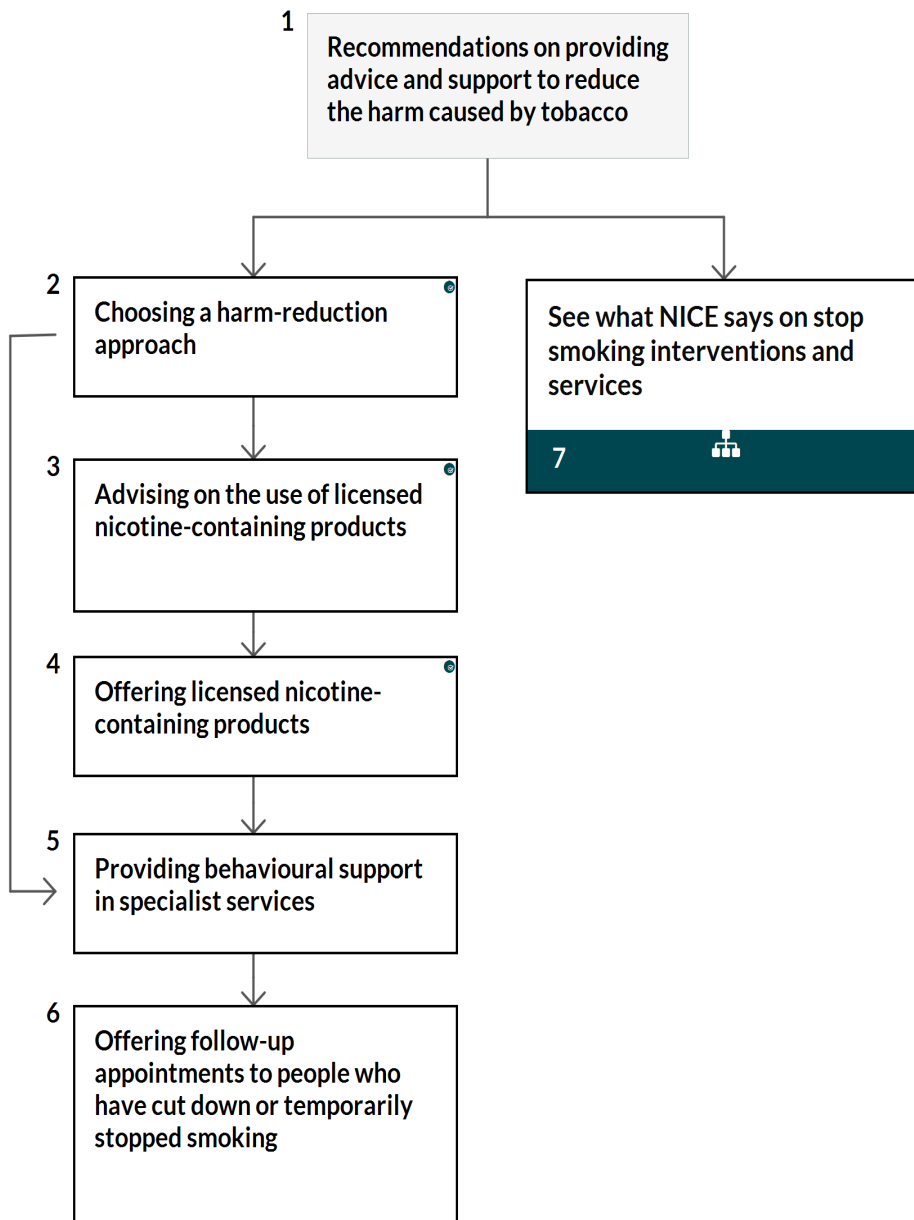
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/smoking-tobacco-harm-reduction-approaches>

NICE Pathway last updated: 05 November 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Recommendations on providing advice and support to reduce the harm caused by tobacco

No additional information

2 Choosing a harm-reduction approach

[Rationale for considering a harm-reduction approach \[See page 11\]](#)

Who should take action?

Stop smoking advisers.

Health and social care practitioners and others with a public health responsibility, in particular those working in:

- primary and secondary healthcare
- pharmacies
- local authorities
- residential and domiciliary care.

Community and voluntary organisations.

Telephone helplines and Internet support sites aimed at helping people to stop smoking.

What action should they take?

Identify people who smoke and advise them to stop smoking in one step as the best approach. See NICE's recommendations on [stop smoking interventions and services](#), and the Department of Health's [Stop smoking service delivery and monitoring guidance 2011/12](#).

If someone does not want, is not ready or is unable to stop smoking in one step, ask if they would like to consider a harm-reduction approach. If they agree, help them to identify why they smoke, their smoking triggers and their smoking behaviour. Use this information to work through the [harm-reduction approaches \[See page 11\]](#).

Use professional judgement to suggest which approach(es) might be most suitable, based on the person's smoking behaviour, experience of previous quit attempts and their health and

social circumstances. Briefly discuss the merits of each approach to help them choose.

Ensure people know that [licensed nicotine-containing products \[See page 12\]](#) (such as nicotine patches, gum, or spray) make it is easier to cut down prior to stopping, or to reduce the amount they smoke. Explain that using these products also helps avoid compensatory smoking and increases the chances of stopping in the longer term.

Recommend one or more licensed nicotine-containing products. If possible, supply or prescribe these products. Otherwise, encourage people to ask their GP or pharmacist for them, or tell them where they can buy the products themselves (see also [offering licensed nicotine-containing products \[See page 6\]](#)).

Advise people that they can continue to use licensed nicotine-containing products in the long term, rather than risk relapsing after they have stopped, or reduced their smoking.

If more intensive support is required, offer a referral to stop smoking services. These services provide pharmacotherapies and more comprehensive support and advice about harm reduction and stopping smoking in the longer term.

Supporting temporary abstinence

Offer people who want (or need) to abstain temporarily on a short-, medium- or longer-term basis advice on how to do this. Include information about the different types of licensed nicotine-containing products and how to use them. Where possible, prescribe them. (People might temporarily abstain in the short-term to comply with smokefree policies, for example, at work. Medium-term temporary abstinence may occur when admitted to hospital. Long-term temporary abstinence might occur during a custodial sentence.)

Offer behavioural support to people who want (or need) to abstain temporarily. Support may be provided in one-to-one or group sessions by specialist services. It could include discussing why it is important to reduce the harm caused by smoking (to others as well as themselves). It could also include encouraging people to consider other times or situations when they could abstain.

Offer follow-up appointments (see [offering follow-up appointments to people who have cut down or temporarily stopped smoking \[See page 9\]](#)).

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

1. Offering harm-reduction approaches
3. Advice about nicotine-containing products

3 Advising on the use of licensed nicotine-containing products

Who should take action?

Stop smoking advisers.

Health and social care practitioners and others with a public health responsibility, in particular those working in:

- primary and secondary healthcare
- pharmacies
- local authorities
- residential and domiciliary care.

Community and voluntary organisations.

Telephone helplines and Internet support sites aimed at helping people to stop smoking.

What action should they take?

Reassure people who smoke that licensed nicotine-containing products [See page 12] are a safe and effective way of reducing the amount they smoke. Advise that they can be used as a complete or partial substitute for tobacco, either in the short or long term. Reassure them that it is better to use these products and reduce the amount they smoke than to continue smoking at their current level.

Explain how to use licensed nicotine-containing products correctly. This includes ensuring people know how to achieve a sufficiently high dose to control cravings, prevent compensatory smoking and achieve their goals on stopping or reducing the amount they smoke.

Explain that people can use one product on its own or a combination of different ones. Advise them that using more than one product is more likely to be successful, particularly for more dependent smokers. (Some products are fast acting and deal better with immediate cravings, whereas others are long acting and provide a steadier supply of nicotine.)

Advise people to replace each cigarette with a licensed nicotine-containing product, for example, a lozenge or piece of gum. Ideally they should use this before the usual time they would have had the cigarette, to allow for the slower nicotine release from these products.

Advise people that licensed nicotine-containing products can be used for as long as they help reduce the desire to smoke – and for the long term, if necessary, to prevent relapse.

Tell people that some nicotine-containing products are not regulated by the MHRA¹ and, therefore, their effectiveness, safety and quality cannot be assured. Also advise them that these products are likely to be less harmful than cigarettes.

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

3. Advice about nicotine-containing products

4 Offering licensed nicotine-containing products

Who should take action?

Stop smoking advisers.

GPs and other healthcare professionals with prescribing rights.

Practitioners named by patient group directives.

Prison health service staff.

Custody officers, police force medical examiners and related healthcare professionals.

What action should they take?

Offer all types of licensed nicotine-containing products [See page 12] to people who smoke, as part of a harm-reduction strategy (either singly or in combination). Take into account their preference and level of dependence. As an example, patches could be offered with gum or lozenges.

Offer licensed nicotine-containing products, as necessary, to help prevent a relapse among people who have stopped smoking or reduced the amount they smoke. (This includes people

¹ Unlicensed products that are currently being marketed, such as electronic cigarettes, and products new to the market will need a medicines licence once the European Commission's revised Tobacco Products Directive comes into effect in the UK (this is expected to be in 2016). In the meantime, the UK government will encourage applications for medicines licences for nicotine-containing products and will make best use of the flexibilities within the existing framework to enable licensed products to be available. For further details, see the [MHRA website](#).

who have stopped smoking in one step or by cutting down prior to stopping.)

Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

3. Advice about nicotine-containing products

5 Providing behavioural support

Who should take action?

Stop smoking advisers.

Health and social care practitioners and others with a public health responsibility who are trained to provide behavioural support to help people stop smoking.

Telephone helplines and Internet support sites aimed at helping people to stop smoking.

What action should they take?

Find out about the person's smoking behaviour and level of nicotine dependence by asking how many cigarettes they smoke – and how soon after waking. (See the Department of Health's [Stop smoking service delivery and monitoring guidance 2011/12](#).)

Use the information gathered to help people set goals and discuss reduction strategies. This may include increasing the time interval between cigarettes, delaying the first cigarette of the day or choosing periods during the day, or specific occasions, when they will not smoke.

Help people who are cutting down prior to stopping smoking to set a specific quit date. The quit date should normally be within 6 weeks from the start of receiving behavioural support, although the sooner the better. Help them to develop a schedule detailing how much they aim to cut down (and when) in the lead up to that date.

Help people who are aiming to reduce the amount they smoke (but not intending to stop) to set a date when they will have achieved their goal. Help them to develop a schedule for this or to identify specific periods of time (or specific events) when they will not smoke.

Tell people who are not prepared to stop smoking that the health benefits from smoking

reduction are unclear. However, advise them that if they reduce their smoking now they are more likely to stop smoking in the future. Explain that this is particularly true if they use licensed nicotine-containing products [See page 12] to help reduce the amount they smoke.

Where necessary, advise people how to use licensed nicotine-containing products effectively.

Offer follow-up appointments to review progress and support people who have adopted a harm-reduction approach (see offering follow-up appointments to people who have cut down or temporarily stopped smoking [See page 9]).

6 Offering follow-up appointments to people who have cut down or temporarily stopped smoking

Who should take action?

Stop smoking advisers.

Health and social care practitioners who are trained to provide behavioural support to help people stop smoking.

What action should they take?

Follow people up to see whether they have achieved their goal(s). If those who set out to reduce the amount they smoke (or to abstain temporarily) have been successful, assess their motivation to maintain that level, to further reduce the amount they smoke or to stop smoking.

Use professional judgement about the number, timing and frequency of appointments offered.

At appropriate intervals, measure exhaled carbon monoxide level to gauge people's progress and help motivate them. Ask them whether daily activities, for example climbing the stairs or walking uphill, have become easier. Use this feedback to prompt discussion about the benefits of reducing their smoking and, where appropriate, to encourage a further reduction or stopping completely.

Encourage people who have not achieved their goals to try again. Also discuss whether they would like to continue using the same licensed nicotine-containing product or try a different one (or a different combination of products).

7 See what NICE says on stop smoking interventions and services

[See Smoking / Stop smoking interventions and services](#)

Harm-reduction approaches

The following harm-reduction approaches are covered in these recommendations:

Stopping smoking, but using one or more [licensed nicotine-containing products](#) [See page 12] as long as needed to prevent relapse.

Cutting down prior to stopping smoking:

- with the help of one or more licensed nicotine-containing products (the products may be used as long as needed to prevent relapse)
- without using licensed nicotine-containing products.

Smoking reduction:

- with the help of one or more licensed nicotine-containing products (the products may be used as long as needed to prevent relapse)
- without using licensed nicotine-containing products.

Temporary abstinence from smoking:

- with the help of one or more licensed nicotine-containing products
- without using licensed nicotine-containing products.

Rationale for considering a harm-reduction approach

Nicotine inhaled from smoking tobacco is highly addictive. But it is primarily the toxins and carcinogens in tobacco smoke – not the nicotine – that cause illness and death. The best way to reduce these illnesses and deaths is to stop smoking.

In general, stopping in one step offers the best chance of lasting success (see what NICE says on [stopping smoking in everyone](#) for guidance on smoking cessation). Stop smoking services provide highly cost-effective interventions to help people stop smoking and any investment in the harm-reduction approaches covered by these recommendations should not detract from their provision. Rather, the recommendations are intended to support and extend the reach and impact of existing services.

However, there are other ways of reducing the harm from smoking. These recommendations aim to help people who:

- may not be able (or do not want) to stop smoking in one step
- may want to stop smoking, without necessarily giving up nicotine
- may not be ready to stop smoking, but want to reduce the amount they smoke.

Harm-reduction approaches are recommended which may or may not include temporary or long-term use of [licensed nicotine-containing products](#) [See page 12].

Although existing evidence is not clear about the health benefits of smoking reduction, those who reduce the amount they smoke are more likely to stop smoking eventually, particularly if they are using licensed nicotine-containing products.

The phrase 'licensed nicotine-containing products' is used in these recommendations to cover products containing nicotine that have 'marketing authorisation' for use as a smoking cessation aid and for tobacco harm-reduction¹ from the Medicines and Healthcare products Regulatory Agency (MHRA). Authorisation by the MHRA ensures they are effective, deliver nicotine safely and are manufactured to a consistent quality. Using these products can make it easier for people to cut down before stopping, reduce their smoking or abstain. They can also help reduce compensatory smoking behaviour, such as inhaling smoke more deeply to compensate for smoking fewer cigarettes.

Glossary

Compensatory smoking

inhaling more deeply or smoking more of each cigarette to compensate for smoking fewer cigarettes

Cutting down prior to stopping

or cut down to quit; someone gradually reduces the amount of tobacco they smoke with a view to stopping smoking within the next few months

Nicotine-containing products

products that contain nicotine but do not contain tobacco and so deliver nicotine without the harmful toxins found in tobacco (some, such as nicotine replacement therapy (NRT), are regulated by the MHRA [see licensed nicotine-containing products]; others, such as electronic cigarettes and topical gels, were not covered by MHRA regulation at the time of publication of this guidance)

¹ At the time of publication (June 2013), only nicotine replacement therapy products were licensed by the Medicines and Healthcare products Regulatory Agency (MHRA). A decision from the MHRA on the regulation of other nicotine-containing products (for example, electronic cigarettes and topical gels) was pending. The MHRA has since issued a decision that all nicotine-containing products should be regulated once the European Commission's revised Tobacco Products Directive comes into effect in the UK (this is expected to be in 2016). In the meantime, the UK government will encourage applications for medicines licences for nicotine-containing products and will make best use of the flexibilities within the existing framework to enable licensed products to be available. For further details, see the [MHRA website](#).

Pharmacotherapies

medication such as varenicline or bupropion, as well as nicotine replacement therapy (NRT) products

Quality

in this guidance, the quality of nicotine-containing products refers to the consistency of nicotine delivery, lack of defects and structural integrity of the product

Safety

in this guidance, safety in relation to nicotine-containing products refers to the incidence of minor and major side effects

Smoking reduction

smoking reduction generally involves the person smoking fewer cigarettes than they normally would without stopping, but it can involve smoking less of each cigarette. See also compensatory smoking

Stop smoking services

stop smoking services provide a combination of behavioural support and pharmacotherapy to aid smoking cessation – the behavioural support is free but pharmacotherapy may incur a standard prescription charge; the evidence-based treatment is based on the National Centre for Smoking Cessation and Training (NCSCT) standard programme and involves practitioners trained to its standards or the equivalent

Sources

[Smoking: harm reduction](#) (2013) NICE guideline PH45

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to

have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.